

4-1	Brain Injury Eligibility and Intake	Part 1 of 2
Authorizing Utah Code: 62a-5-103	Rule: R539-1-4	BI Supports
Approved: 2/10/00	Rule Effective:	Printed: 4/00
Form(s): 2-2, 4-1, 490S, 522, 817b, 824BI	Guideline(s): 4-1 and Brain Injury Waiver	

POLICY

An **Applicant** who has a documented brain injury, who requires the **Level of Care** provided in a nursing facility (according to Utah Administrative Rules for Health R414-502-3) and who is 18 years of age or older, may be eligible for **Division** services under the Brain Injury Home and Community-Based **Waiver**. An **Applicant** who meets all the eligibility requirements to receive brain injury supports, but who is found not to require the **Level of Care** provided in a nursing facility may be eligible to receive state funding for brain injury supports. Only **Applicants** with an acquired neurological brain injury or limitation qualify for services. **Applicants** with substance abuse or deteriorating diseases like Multiple Sclerosis, Muscular Dystrophy, Huntington's Chorea, Ataxia or Cancer as a primary diagnosis are ineligible for these **Waiver** services.

The intake process will include determination of eligibility for **Division** funding. The **Applicant** shall be provided with information concerning service options and a copy of the **Division's** Guide to Services. The **Applicant** or the **Applicant's Guardian** must be a resident of the state of Utah prior to the **Division's** final determination of eligibility.

The **Applicant** or the **Applicant's Representative** must be a resident of the state of Utah prior to the **Division's** final determination of eligibility. **Applicants** found to be eligible for **Waiver** funding who choose not to participate in the **Waiver**, will receive only the State paid portion of support.

PROCEDURES

1. The **Support Coordinator** shall assist the **Applicant** to obtain documentation of brain injury signed by a licensed physician;
2. The **Support Coordinator** will complete or compile the following documents:
 - A. Brain Injury Intake, Screening and Comprehensive Assessment **Form** 4-1, Part I through Part VII.
 - B. Brain Injury Social History Summary **Form** 824BI, completed or updated within one year of eligibility determination; and
 - C. Brain Injury **Level of Care** Determination-, Division **Form** 817b.
3. A **Region** staff who has the experience required in the **Waiver** shall evaluate the required documentation and determine if the **Applicant** is eligible or ineligible for funding for Brain Injury **Waiver** supports within 15 business days of the day that all required information is received or completed.
4. To be found eligible for the Brain Injury **Waiver** the **Applicant** must require the **Level of Care** provided in a nursing facility and score between 40 and 120 on the Brain Injury Comprehensive Assessment **Form** 4-1, (e.g., an **Applicant** who requires the **Level of Care** provided in a nursing facility who scores 121 or higher, or 39 or lower, is ineligible for the Brain Injury Waiver).
5. If funding is unavailable for a **Person** found eligible for brain injury supports, the **Person's** name

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is entered on the waiting list in accordance with Policy 2-2, Waiting List and Critical Needs Assessment, using **Form 2-2**.

6. A **Person/Representative** may petition the **Division Director** for a hardship exception of the requirement to use **Medicaid** funding.
7. A Notice of **Agency Action**, **Form 522**, and a Hearing Request, **Form 490S**, are mailed to each **Person/Representative** upon completion of the determination of eligibility or ineligibility for funding (see Policy 1-5 Notice of Hearing for Agency Action). The Notice of **Agency Action**, **Form 522**, should inform the **Person/Representative** of eligibility determination and placement on the waiting list.